DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: REM WAUKESHA (0010392)

Address: 4802 WAUKESHA ST, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History			
Survey ID: 0093197	End Date: 08/12/2004	Type: STANDARD	Purpose: COMPLAINT
Results: NO STATEME	ENT OF DEFICIENCY ISSUI	ED	
Survey ID: 0092540	End Date: 05/12/2004	Type: STANDARD	Purpose: SURVEY
Results: NO STATEME	ENT OF DEFICIENCY ISSUI	ED	
Survey ID: 0091539	End Date: 11/03/2003	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONA	ARY LICENSE ISSUED		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 07/19/2004 Date Investigation Completed: 08/25/2004

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED